



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Psychology License Application
Request for Verification of Supervised Employment

Name of Applicant _____

Address of Applicant _____

Date doctoral degree was granted _____
mm / dd / yyyy

Dear Sir/Madam:

The applicant whose name appears above has applied to the Board of Psychology of the District of Columbia for a license to practice psychology. All applicants are required to demonstrate their qualifications for licensure by submitting signed statements from each supervisor who supervised the applicant's practice while obtaining the required postdoctoral experience. Accordingly, you are asked to provide the requested information by completing Page 2 of this form. Please include the requested information only for any periods of supervision that you provided after the applicant's doctoral degree was awarded. Any additional remarks may be written on a separate sheet of paper and attached to this form.

When completed, this form should be returned to the applicant at the address above. Your prompt attention to this request is appreciated.

Thank you in advance for your cooperation.

District of Columbia Board of Psychology



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The information requested below pertains to the period of supervision either after the applicant's doctoral degree (4,000 hours) or two thousand (2,000) hours acquired during a Pre-Doctoral internship, and two thousand (2,000) hours after the conferral of the Doctoral degree.

Applicant's Name _____
Period of Employment From: _____ To: _____
Location of Employment _____
Applicant's Title/Position _____
Applicant's Duties and Responsibilities _____

Supervisor: Please fill out this section accurately and completely.

Please fill in the total number of hours of work during the applicant's period of employment described above. For example one full year's work at 40 hours per week amounts to 2080 hours. Do not include any hours prior to the date that the applicant's doctoral degree was granted.

Total Hours _____

Were all of these hours under general supervision? * ☐ Yes ☐ No

If no, how many hours were so supervised?

Gen. Supv. _____

How many of these hours were under immediate supervision? **

Immed. Supv. _____

What percent of the total hours does the immediate supervision represent? _____%

Of the hours in immediate supervision, how many were in:

Individual (one-on-one) supervision?

Indiv. Supv. _____

Group Supervision

Group Supv. _____

Rating of applicant's performance: ☐ Satisfactory ☐ Unsatisfactory

If the applicant's performance was unsatisfactory, please provide a written explanation on a separate sheet of paper.

* **General supervision** is that in which the supervisor is available to supervise in person or by communications device.

** **Immediate supervision** is that in which the supervisor is physically present with the supervisee and either discussing or observing his or her practice. At least 10% of the applicant's hours must be under immediate supervision.

Supervisor's Profession: ☐ Psychologist ☐ Psychiatrist ☐ Independent Clinical Social Worker

Supervisor's License Number and State Issuing License _____

I certify that the above information is true to the best of my knowledge and that I will be willing to interpret or substantiate the information provided should the Board of Psychology need clarification at a later date.

Signature of Supervisor

Supervisor's Name and Title (please print or type)

Supervisor's Address

Telephone

Date